

Chapter 4 Provider Edits 1000-1999				
Individual Updates				
Document Version Number	Revision Date	Revision Page Number(s)	Reason for Revisions	Revisions Completed By
Version 7.1	March 31, 2006	4-1-47	Update Edit 1043.	Leo Dabbs
Version 7.4	November 8, 2006	Multiple	1002, 1004, 1007, 1008, 1010, 1012, 1026, 1027, 1028, 1029, 1033, 1035	Anson Haley

Edit: ESC 1002 Rendering Provider Not Eligible To Render Service on This Program*Note: Edit 1002 revised October 25, 2006.*

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
M	01	All	Detail	No	Yes	0

Disposition	M
Paper Claim	Deny
ECS	Deny
Shadow	Pay
POS	Deny
Adjustments	Deny
Special Batch	Deny

Edit Description

Fail this edit if the rendering provider number is not enrolled in the program billed.

Edit Criteria

If the provider database does not show the rendering provider as being enrolled in the program billed, fail this edit with EOB 1002.

If the rendering provider number is the same as the billing provider number, then bypass this edit.

EOB Code

1002 – Rendering provider not enrolled in the program billed – please verify provider number and resubmit.

ARC Code

52 – The referring/prescribing/rendering provider is not eligible to refer/prescribe/order/perform the service billed.

185 - The rendering provider is not eligible to perform the service billed.

Remark Code

M58 – Missing, incomplete, invalid claim information. Resubmit claim after corrections.

Method of Correction

Claims failing this edit will be systematically denied.

Edit: ESC 1004 Rendering Provider Not Eligible To Render Service on This Program for the Date of Service

Note: Edit 1004 revised October 25, 2006

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
M, B, D	01	All	Detail	No	Yes	0

Disposition	M	B	D
Other	Deny	Deny	Inactive
Paper w/o attach	Suspend	Suspend	Inactive
Paper w/attach	Suspend	Suspend	Inactive
ECS w/o attach	Deny	Deny	Inactive
ECS w/attach	Deny	Deny	Inactive
Shadow	Deny	Deny	Inactive
Point of Service w/o attach	Deny	Deny	Inactive
Point of Service w/attach	Deny	Deny	Inactive
Voids/Replacement non-check related	Deny	Deny	Inactive
Voids/Replacement check related	Deny	Deny	Inactive
Shadow Replacement	Deny	Deny	Inactive
Mass Replacement NH	Deny	Deny	Inactive
Mass Replacement FIN	Deny	Deny	Inactive
Elec. Replacement w/attach or claim note	Deny	Deny	Inactive
Elec. Replacement w/o attach or claim note	Deny	Deny	Inactive
Spend down EOM auto-initiated Mass Replacement	Deny	Deny	Inactive
Payer Elec. Replacement	Deny	Deny	Inactive
Claims Reprocessed by EDS SE	Deny	Deny	Inactive
Special Batch	Suspend	Suspend	Inactive

Edit Description

Fail this edit if the rendering provider number is not enrolled in the program billed for the date of service.

Edit Criteria

If the provider database does not show the rendering provider as being enrolled in the program billed for the dates of service, fail this edit with EOB 1004.

If the rendering provider number is the same as the billing provider number, then bypass this edit.

****Per Angela Jackson at OMPP, inactivate this edit for Dental claim type, until further notice.**

EOB Code

1004 – Rendering provider not enrolled in the program billed for the dates of service – please verify provider number and resubmit.

ARC Code

52 – The referring/prescribing/rendering provider is not eligible to refer/prescribe/order/perform the service billed.

185 – The rendering provider is not eligible to perform the service billed.

Remark Code

M58 – Missing, incomplete, or invalid claim information. Resubmit claim after corrections.

Method of Correction

Claims failing this edit will be systematically denied

For Paper claims, review to see if the rendering provider number on the detail, failing the edit, was keyed correctly. Correct the provider number if needed and resubmit (do not force). If the provider number was keyed correctly on the claim, then deny the edit.

Edit: ESC 1007 Rendering Provider Number Not on Provider Database*Note: Edit 1007 revised October 25, 2006*

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
B, M	01	All	Detail	No	Yes	0

Disposition	B	M
Paper Claim	Suspend	Suspend
ECS	Deny	Deny
Shadow	Inactive	Inactive
POS	Deny	Deny
Adjustments	Suspend	Suspend
Special Batch	Suspend	Suspend

Edit Description

Fail this edit if the provider number of the rendering physician is not on the provider database.

Edit Criteria

If the provider number of the rendering physician is not on the provider database, fail this edit with EOB 1007.

EOB Code

1007 – Provider number of the rendering physician is not on file – please verify provider number and resubmit.

ARC Code

52 – The referring/prescribing/rendering provider is not eligible to refer/prescribe/order/perform the service billed.

B7 - This provider was not certified/eligible to be paid for this procedure/service on this date of service

Remark Code

M57 – Missing/incomplete/invalid provider number.

N290 - Missing/incomplete/invalid rendering provider primary identifier.

Method of Correction

Check for keying errors and correct any errors found.

If no keying errors are found, fail this edit with EOB 1007

Edit: ESC 1008 Rendering Provider Must Have an Individual Provider Number*Note: Edit 1008 revised October 26, 2006*

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
M, D	01	All	Detail	No	Yes	0

Disposition	M	D
Other	Deny	Inactive
Paper w/o attach	Deny	Inactive
Paper w/attach	Deny	Inactive
ECS w/o attach	Deny	Inactive
ECS w/attach	Deny	Inactive
Shadow	Deny	Inactive
Point of Service w/o attach	Deny	Inactive
Point of Service w/attach	Deny	Inactive
Voids/Replacement non-check related	Deny	Inactive
Voids/Replacement check related	Deny	Inactive
Shadow Replacement	Deny	Inactive
Mass Replacement NH	Deny	Inactive
Mass Replacement FIN	Deny	Inactive
Elec. Replacement w/attach or claim note	Deny	Inactive
Elec. Replacement w/o attach or claim note	Deny	Inactive
Spend-down EOM auto-initiated Mass Replacement	Deny	Inactive
Payer Elec. Replacement	Deny	Inactive

Edit Description

Fail this edit if the rendering provider is not an individual provider.

Edit Criteria

If the rendering physician is a group number, fail this edit with EOB 1008.
The following provider type/specialties are excluded from this edit:

- 04 Rehabilitation Center
- 08/085 Title V Clinic
- 12 School Corporation
- 13 Public Health Department
- 19 Optician
- 25 Durable Medical Clinic
- 26 Transportation

27	Dentist
28	Laboratory
29	Radiology Provider

** Per Angela Jackson at OMPP, this edit is inactive for Dental claim type, until further notice.

EOB Code

1008 – The rendering provider must be an individual provider – please verify provider number and resubmit.

ARC Code

52 – The referring/prescribing/rendering provider is not eligible to refer/prescribe/order/perform the service billed.

B7 - This provider was not certified/eligible to be paid for this procedure/service on this date of service.

Remark Code

M57 – Missing/incomplete/invalid provider number.

N290 - Missing/incomplete/invalid rendering provider primary identifier.

Method of Correction

Claims failing this edit will be systematically denied

Edit: ESC 1010 Rendering Provider Not a Member of the Billing Group, or Rendering not Equal Billing*Note: Edit 1010 revised October 26, 2006*

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
M, D	01	All	Detail	Yes	Yes	0

Disposition	M	D
Other	Suspend	Inactive
ECS w/o attach	Deny	Inactive
ECS w/attach	Deny	Inactive
Shadow	Pay	Inactive
Voids/Replacement non-check related	Deny	Inactive
Voids/Replacement check related	Deny	Inactive
Shadow Replacement	Pay	Inactive
Mass Replacement FIN	Deny	Inactive
Elec. Replacement w/attach or claim note	Deny	Inactive
Elec. Replacement w/o attach or claim note	Deny	Inactive
Spend-down EOM auto-initiated Mass Replacement	Deny	Inactive
Payer Elec. Replacement	Deny	Inactive
Claims Reprocessed by EDS SE	Deny	Inactive

Edit Description

Fail this edit if the rendering provider is not a member of the billing group, or if the rendering provider is not equal to the billing provider.

Edit Criteria

If the rendering provider is not a member of the billing group listed on the claim, or if the rendering provider is not equal to the billing provider, fail this edit with EOB 1010.

If the rendering provider number is the same as the billing provider number, bypass this edit.

****Per Angela Jackson at OMPP, make this edit inactive for Dental claim type, until further notice.**

EOB Code

1010 – Rendering provider is not an eligible member of the billing group or the billing provider is not equal to the rendering provider. Please verify provider number and resubmit.

ARC Code

52 – The referring/prescribing/rendering provider is not eligible to refer/prescribe/order/perform the service billed.

B7 - This provider was not certified/eligible to be paid for this procedure/service on this date of service.

Remark Code

M57 – Missing, incomplete, or invalid provider number.

N290 – Missing, incomplete, or invalid rendering provider primary identifier.

Method of Correction

For paper claims, review to see if the rendering provider numbers on the detail were keyed correctly. If these are correct, check the billing provider. Correct the provider number if needed and resubmit (do not force). If the provider numbers were all keyed correctly on the claim, then deny the claim with edit 1010

Check for keying errors and correct any errors found. If no keying errors are found, fail this edit with EOB 1010

Edit: ESC 1012 Rendering Provider Specialty Not Eligible To Render This Procedure Code

Note: Edit 1012 revised October 26, 2006

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
Medical for Identified Specialties only	01	All	Detail	No	Yes	0

Disposition	HCFA for active specialties
Paper Claim	Deny
ECS	Deny
Shadow	Pay
POS	Deny
Adjustments	Deny
Special Batch	Deny

Edit Description

Fail this edit if the rendering provider specialty is not eligible to render the procedure code billed.

Edit Criteria

If the rendering provider is not eligible to render the procedure code billed per the procedure code database, fail this edit with EOB 1012.

For nurses specializing as nurse practitioners, determined by the billing provider type of 16 and billing provider specialty of 084, 090, 092, 091, or 093, if they **do** not bill a nurse practitioner procedure code, (procedure type 40, see *Appendix A*), deny the claim with Edit 1012.

For midwives, determined by a billing provider type of 09 and a billing provider specialty 095 if they do not bill one of the midwife procedure codes, (procedure type 41, see *Appendix A*), deny the claim with Edit 1012.

For providers with a specialty of care coordinator, 210 or 212, if they do not bill one of the care coordination codes, (procedure type 47, see *Appendix A*) with V689 as one of the diagnosis codes, deny the claim with Edit 1012.

If the provider type is miscellaneous, and the specialty is case management (AIDS), 211, and the procedure code is not HIV/AIDS case management (Procedure type 49, see *Appendix A*), deny the claim with Edit 1012.

If the procedure type is case management (AIDS) (procedure type 49, see *Appendix A*), but the provider type is not miscellaneous, and the provider specialty is neither

care coordinator nor case management (AIDS) and V689 is not one of the header diagnosis codes, deny the claim with Edit 1012.

Specialty type 030, 031, 032, or 033 cannot submit a medical claim with procedure codes, the claim will autodeney. These providers should resubmit the claim on a UB-92 claim form. Deny the claim with Edit 1012.

Provider type 26 and speciality 266 – *Family member transportation provider* can only submit a medical claim with HCPCS A0090 after December 31, 2003, or with procedure code Y9012 before January 1, 2004. Deny the claim with edit 1012.

This edit is only active for the specialties identified below. The procedure will be valid or invalid for the procedure codes, as evident in the HCPC Procedure code window under specialty restrictions. The specialties that are active for edit 1012 are:

- 150- Chiropractor
- 180- Optometrist
- 190-Optician
- 200-Audiologist
- 211- HIV Case Manager
- 212- CSHCS Care Coordinator
- 220- Hearing Aid Dealer
- 250- DME- Medical Supply Dealer
- 260- Ambulance
- 261- Air Ambulance
- 262- Bus
- 263- Taxi
- 264- Common Carrier (Ambulatory)
- 265- Common Carrier (Non-Ambulatory)_
- 266- Family Member
- 350- Aged and Disabled Waiver
- 351- Autism Waiver
- 354- Medical Fragile Children's Waiver
- 356- Waiver- Traumatic Brain Injury
- 357- Waiver-Assisted Living
- 359- Waiver – DD
- 360- Waiver- Support Services

EOB Code

1012 – Procedure billed not payable for this provider's specialty.

ARC Code

B6 – This payment is adjusted when performed/billed by this type of provider, by this type of provider in this type of facility, or by a provider of this specialty.

170 – Payment is denied when performed/billed by this type of provider.

Remark Code

N95 - This provider type/provider specialty may not bill this service.

Method of Correction

Claims failing this edit will systematically deny

Edit: ESC 1026 Prescribing Physician License Number Not on File

<i>Note: Edit 1026 revised October 25, 2006</i>

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
P, Q	001	All	Header	Yes	Yes	0

Disposition	P	Q
Other	Deny	Inactive
Paper w/o attach	Deny	Deny
Paper w/attach	Deny	Deny
ECS w/o attach	Deny	Deny
Shadow	Deny	Deny
Point of Service w/o attach	Deny	Deny
Claims converted from old MMIS	Inactive	Inactive
590 Claims converted from old MMIS	Inactive	Inactive
Replacement converted from old MMIS	Inactive	Inactive
590 Replacements converted from old MMIS	Inactive	Inactive
Voids/Replacement non-check related	Deny	Inactive
Voids/Replacement check related	Deny	Inactive
Shadow Replacement	Deny	Deny
Shadow Claims Void	Deny	Deny
Mass Replacement NH	Deny	Deny
Mass Replacement FIN	Deny	Deny
Claims Reprocessed by EDS SE	Deny	Deny

Edit Description

Fail this edit when the prescribing physician license number is not on the prescribing practitioners list or is not one of the out-of-state pseudo license numbers.

Edit Criteria

If the date prescribed is on or after February 1, 1996, and the prescribing physician license number is not on the prescribing practitioners list in the enrollment tracking system or is not an out-of-state pseudo license, fail this edit with EOB 1026.

Table 4-1.2 Valid Out-of-State Pseudo Prescriber Numbers

State	Number
Illinois	91111111
Kentucky	92222222

Ohio	93333333
Michigan	94444444
All other	95555555

EOB Code

1026 – Prescribing physician license number not on file – please verify number and resubmit.

ARC Code

16 – Claim/service lacks information which is needed for adjudication. Additional information is supplied using remittance advice remarks codes whenever appropriate.

Remark Code

M68 – Missing, incomplete, invalid attending or referring physician identification.

N286 – Missing, incomplete, or invalid referring provider primary identifier.

NCPDP Reject Code

56 – Non-Matched Prescriber ID

Method of Correction

Claims failing this edit will systematically deny.

Edit: ESC 1027 Referring Physician Not on File*Note: Edit 1027 revised October 26, 2006*

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
M	01	All except MRT and PASRR	Header	No	Yes	0

Disposition	M
Paper Claim	Suspend
ECS	Deny
Shadow	N/A
POS	Suspend
Adjustments	Deny
Special Batch	Suspend

Edit Description

Fail this edit when the referring physician number is not on the provider base screen.

Edit Criteria

If the referring physician number is not on the provider base screen, fail this edit with EOB 1027.

EOB Code

1027 – Referring physician number not on file. Please verify number and resubmit.

ARC Code

52 – The referring/prescribing/rendering provider is not eligible to refer/prescribe/order/perform the service billed.

B7 - This provider was not certified/eligible to be paid for this procedure service on this date of service.

Remark Code

M68 – Missing, incomplete, invalid attending or referring physician identification.

N286 - Missing, incomplete, or invalid referring provider primary identifier.

Method of Correction

Check for keying errors and correct any errors found

If no keying errors are found, fail this edit with EOB 1027

Edit: ESC 1028 Rendering Provider Specialty Not Eligible To Render This Modifier*Note: Edit 1028 revised October 26, 2006*

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
M	01	All except MRT and PASRR	Detail	No	Yes	0

Disposition	M
Paper Claim	Deny
ECS	Deny
Shadow	Deny
POS	Suspend
Adjustments	Deny
Special Batch	Suspend

Edit Description

Fail this edit when the rendering provider specialty is not eligible to render the modifier billed.

Edit Criteria

If the rendering provider is not eligible to render the modifier billed per the specialty or modifier table, fail this edit with EOB 1028.

EOB Code

1028 – Modifier billed not payable for this provider's specialty – please verify modifier and resubmit.

ARC Code

185 - The rendering provider is not eligible to perform the service billed.

B7 - This provider was not certified/eligible to be paid for this procedure service on this date of service.

Remark Code

No remark code recommended effective May 18, 2006.

M78 - Missing, incomplete, or invalid HCPCS modifier.

Method of Correction

Check for keying errors and correct any errors found.

If no errors are found, deny the claim.

Edit: ESC 1029 Prescribing Provider Not Eligible To Prescribe This NDC*Note: Edit 1029 revised October 26, 2006*

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
All Claim Types Inactive	01	All	Header	No	Yes	0

Disposition	All Claim Types Inactive
Paper Claim	N/A
ECS	N/A
Shadow	N/A
POS	N/A
Adjustments	N/A
Special Batch	N/A

*Note: This edit was inactivated on February 24, 1995, at the request of Marc Shirley, OMPP.***Edit Description**

Fail this edit if the NDC prescribed is a narcotic and the prescribing provider is not allowed to prescribe narcotics.

Edit Criteria

If the NDC prescribed has a DEA code other than zero and the provider does not have a DEA number on file, fail this edit with EOB 1029.

EOB Code

1029 – Prescribing provider not eligible to prescribe this NDC.

ARC Code

184 - The prescribing/ordering provider is not eligible to prescribe/order the service billed.

Method of Correction

N/A

Edit: ESC 1033 Rendering Provider Eligible Without Specialty*Note: Edit 1033 revised October 26, 2006*

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
M	01	All	Detail	No	Yes	0

Disposition	M
Paper Claim	Suspend
ECS	Suspend
Shadow	Deny
POS	N/A
Adjustments	Suspend
Special Batch	Suspend

Edit Description

Fail this edit when the rendering provider is eligible for the service dates on the claim but there is no specialty for the service dates.

Edit Criteria

If the rendering provider is eligible but no specialty is found for the service dates on the claim, fail this edit with EOB 1033.

EOB Code

1033 – Provider does not have a specialty area identified for the dates of service – please verify provider specialty and resubmit.

ARC Code

B6 – This payment is adjusted when performed/billed by this type of provider, by this type of provider in this type of facility, or by a provider of this specialty.

170 - Payment is denied when performed/billed by this type of provider.

Remark Code

N95 - This provider type/provider specialty may not bill this service.

Method of Correction

Check for any keying errors.

If no keying errors are found, fail this edit with EOB 1033

Edit: ESC 1035 Hospice Provider Billing for Hospice Services*Note: Edit 1035 revised October 26, 2006*

Claim Type	Location	Programs	Header/Detail	Overrideable	Allow Denial	Recycle Day
H	01	All	Detail	Yes	Yes	0

Disposition	H
Paper Claim	Deny
ECS	Deny
Shadow	Deny
POS	Deny
Adjustments	Deny
Special Batch	Deny

Edit Description

Fail this edit when the billing provider is not the same provider listed in the member's file as the member's authorized hospice provider for date of service billed.

Edit Criteria

If the billing provider is not the same hospice provider listed in the member's level of care screen, fail this edit with EOB1035.

EOB Code

1035 – Billing provider is not member's listed hospice provider – please verify provider number and resubmit.

Remark Code

MA76 – Missing, incomplete, invalid provider identifier for home health agency or hospice when physician is performing care plan oversight services.

Method of Correction

Claims failing this edit will be systematically denied.